



City of Lewiston  
75 Rice Street, PO Box 129  
Lewiston, MN 55952  
Phone: (507) 523-2257

BUSINESS FAÇADE IMPROVEMENT PROGRAM APPLICATION

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

1. Mailing address: \_\_\_\_\_

2. Email Address: \_\_\_\_\_

3. Phone number: \_\_\_\_\_ Mobile number: \_\_\_\_\_

4. Business Name and Contact Person: \_\_\_\_\_

5. Business Address of proposed work: \_\_\_\_\_

6. Does the applicant own the building: \_\_\_\_\_ Yes \_\_\_\_\_ No

(If no, please attach a letter from the building owner evidencing a commitment to the applicant)

7. Project Summary: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(If more space is needed please attach an additional sheet of paper with 6. Project Summary at the top)

8. Estimated Total Project Cost: \$ \_\_\_\_\_ (Please attach quotes, estimates and/or bids)

9. Total Amount Requested: \$ \_\_\_\_\_ (Minimum request \$250; Maximum request \$500; Maximum percentage of assistance per building cannot exceed 50% of total project cost)

10. Proposed project start date: \_\_\_\_\_ Proposed project completion date: \_\_\_\_\_

**\*Applicant must submit Payment Request Form to Lewiston City Hall within twelve (12) months from the date of City Council approval to meet program guideline.**

Applicant Certification

I/We, the undersigned certify that I/We have the authority to sign this application, that the information submitted is true and accurate to the best of our knowledge, that we have read, understand, and that we will comply with the program guidelines. I/We understand that this application will be reviewed based on the information provided herein and that if the final project does not meet minimum program guidelines the City reserves the right to deny reimbursement.

\_\_\_\_\_  
Name/Title (Printed)

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Name/Title (Printed)

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
City Administrator, Signature

\_\_\_\_\_  
Date of City Council Approval